EST AVAILABLE CUPY

Application or Docket Number

8000

6)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		CLAIMS AS	S FILED - (Column		•	mn 2)		SMALL EN	ITITY	OR	OTHER SMALL	
TC	TAL CLAIMS	_					١	RATE	FEE	1	RATE	FEE
FO	R	· · · · · · · · · · · · · · · · · · ·	NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	18 min	us 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 mi	nus 3 =	*			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	column 2		TOTAL	200	OR	TOTAL	
	С	LAIMS AS A	MENDED	- PAR	TII				()		OTHER	THAN
_		(Column 1)		(Colu		(Column 3)		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CLAIM	=		X40=		OR	X80=	
	TINOT FRESE	INTATION OF MI	JETIFEE DEF	ENDEN	CLAIN		1	+135=		OR	+270=	
							i	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE	· · · · · · · · · · · · · · · · · · ·		A0011.1 CC1	-
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	E CL AINA	=	11	X40=		OR	X80=	
Щ	FIRST PRESE	NTATION OF MI	JUIPLE DEF	ENDEN	CLAIM		<u>ا</u> ا	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)				•	7,0011.11	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T (C) A 13 A	=	 	X40=		OR	X80=	
	rino i PHESE	NTATION OF M	ULTIPLE DEF	ENUEN	LAIM		1	+135=			+270=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
***	If the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THI	S SPACE	is less tha	ın 3, enter "3."		DDIT. FEE			ADDIT. FEE	
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FOR **BASIC FEE** (37 CFR 1.16(a)) TOTAL CLAIMS INDEPENDENT CLAIM (37 CFR 1.16(b)) MULTIPLE DEPENDE

	(Column 1)	(
	NUMBER FILED	UMBER FILED NUMBER EXTRA		RATE	FEE		RATE	F
					\$ 355	OR		\$_
	18 minus 20 =	*	0	x \$=		OR	x \$ =	
MS	3 minus 3 =	*	0	x=		OR	x=	
ENT C	CLAIM PRESENT (37 CFR 1.16	(d))		+ =		OR	+=	
	100 in religion 2			TATOT	\$255	OR	TOTAL.	

* If the difference in column 1 is less then zero, enter "0" in column 2

(Column 1)

CLAIMS AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
NDN	Total (37 CFR 1.16(c))	*	Minus	**	=			
ME	Independent (37 CFR 1.16(b))			***	=			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(

	SWIALL	MILLI	OK.	SMALL ENTIT					
	RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE				
	x \$=		OR	x \$=					
	x=		OR OR	x=					
	+=		OR	+=					

OR

SMALL ENTITY

TOTAL

ADDIT. FEE

OTHER THAN

TOTAL

ADDIT. FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total (37 CFR 1.16(e))	*	Minus	**	=	x \$ =		OR	x \$=	
ME	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =		OR OR	x =	
V	FIRST PRES	SENTATION OF M	ULTIPLE DEI	PENDENT CLAIM	(37 CFR 1.16(d))	+=		OR	+=	
	·	(Column 1)		(Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR _A	TOTAL DDIT. FEE	

(Column 3)

(Column 2)

		(Column 1)		(Column 2)	(Column 3)						j
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
VDIA	Total (37 CFR 1.16(c))	*	Minus	**	=		x \$=		OR	x \$=	
ME	Independent (37 CFR 1.16(b))	*	Minus	***	=	1	x =		OR OR	x =	
A	FIRST PRES	SENTATION OF M	JLTIPLE DEI	ENDENT CLAIM	(37 CFR 1.16(d))		+=		OR	+=	
* I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						TOTAL ADDIT. FEE		OR	TOTAL DDIT. FEE	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.